



STATE OF WASHINGTON  
DEPARTMENT OF COMMUNITY,  
TRADE AND ECONOMIC DEVELOPMENT  
**Office of Manufactured Housing**  
PO Box 42525 Olympia WA 98504-2525  
360-725-2971 or 1-800-964-0852

# REGISTRATION FOR MANUFACTURED HOME INSTALLER CONTINUING EDUCATION

*Please print clearly or type*

NAME (First, Middle Initial, Last) \_\_\_\_\_  
 Mr. \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Ms. \_\_\_\_\_  
 Mrs. \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ (check one)  
 Home  Business  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Business Name: (if applicable) \_\_\_\_\_ Business Phone: \_\_\_\_\_  
Applicant is  owner  employee of this business. E-mail Address: \_\_\_\_\_  
WAINS # \_\_\_\_\_ (Your installer certification must be current in order to take this training.)

## Class Preference

*Indicate your first and second choice for the class location, date, and session you would like to attend.*

1 Location \_\_\_\_\_ Date \_\_\_\_\_  
 Morning Session (8:00 to Noon)  Afternoon Session (1:00 to 5:00)

2 Location \_\_\_\_\_ Date \_\_\_\_\_  
 Morning Session (8:00 to Noon)  Afternoon Session (1:00 to 5:00)

**NOTE:** *We will make every effort to place you in the class of your choice. Registrations are accepted on a first-come first-served basis. Early registration will help ensure placement into your preferred class.*

**Course Fee \$40.00** (A check or money order must accompany this registration form)

Make checks payable to **CTED** and mail to:

CTED/Office of Manufactured Housing  
PO Box 42525  
Olympia, Washington 98504-2525

**OFFICE USE ONLY** Location/Date \_\_\_\_\_  
Confirmation Sent \_\_\_\_\_  Show  No Show  
 Payment Received Certificate Mailed \_\_\_\_\_